



## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL657628995US

Date of Deposit: 06/04/2001

Ref: Case Docket No.: P644

First Named Inventor: Mark A Boys

Serial Number: 09/143,343

Filing Date: 08/28/1998

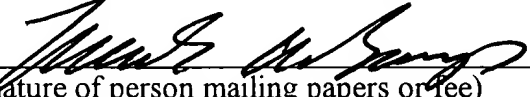
Title of Case: Rewind Radio and Television

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment A.
2. Amendment Transmittal.
3. Duplicate Amendment Transmittal.
4. Petition For Extension Of Time To Respond.
5. Check For Fees In The Amount Of 445.00.
6. Certificate Of Express Mailing.
7. Postcard Listing Contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing papers or fee)



06-06-01

STATUS 041

2615

\$B

"Express Mail" Mailing Label Number: EL657628995US

CASE DOCKET NO.

P644

In reference to application of Mark A Boys

Serial No. 09/143,343

For Rewind Radio and Television

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☒ Small entity status of this previously submitted. application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
☐ The fee has been calculated as shown below.

TC 2600 MAILROOM

JUN 19 2001

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**** CLAIMS AS AMENDED****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	10	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 40	\$ 80	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims and time extensions							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of 0.00 is attached.

☐ Charge \$\_\_\_\_\_ to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,

Donald R. Boys  
Reg. No. 35074

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